



Attach Photo

FSN APPLICATION AND CERTIFICATION FOR EMPLOYMENT, U.S. MISSION IN IRAQ

Please complete the following information and attach all requested documents. If your application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Position(s) for which you are applying (example: translator)		2. Grade(s) applying for		3. Section (example: Political)	
				4. Organization (example: US Embassy)	
5. Last Name (Grandfather's Name)		6. First Name		7. Middle Name (Father's Name)	
8. Tribal Name		9. Last Name: (Grandfather's Name)		10. Middle Name (Father's Name)	
11. Have you ever been known by other names? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give names and explain circumstances		12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Social Security and/or National number	
				14. Place of birth (example: Tikrit, Iraq)	
				14a. Date of birth (month/day/year)	
15. Did you have a different name at birth, different from above?				16. City and country of birth	
17. Present address in full		18. Telephone numbers (home) (office) (cellular) (e-mail)		19. <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried	
20. What is your current citizenship (list all)?		21. What is the full name of your spouse (if wife, maiden name)			
		22. Date of spouses birth (month, date, year)			
		22a. Place of spouses birth (city, country)			
		23. Your spouse's citizenship at birth			
24. Height	25. Weight	26. Eye color	27. Hair color	28. Do you have any identifying marks? (scars, birthmarks, tattoos)	
29. What is your current occupation?					

30. Children				
Child's name	Sex	Date of birth	Present address	Occupation

31. List your previous addresses where you have lived for the past 10 years.				
Dates		Street and number	City (District/Province)	Country
From	To			

32. Do you have permanent U.S. resident status YES <input type="checkbox"/> NO <input type="checkbox"/> - List each country where you have lived.		
Dates	Country	How was citizenship acquired

33. Father's Information		34. Mother's Information	
Name: Must go back 3 generations – Do NOT use tribal name as the last name.		Name: Must go back 3 generations – Do NOT use tribal name as the last name.	
Father's date of birth		Mother's date of birth	
Father's place of birth		Mother's place of birth	
Father's address in full		Mother's address in full	
Father's present occupation		Mother's present occupation	
Father's citizenship at birth		Mother's citizenship at birth	
Father's present citizenship		Mother's present citizenship	

35. Relatives(brothers, sisters, and inlaws)				
Name	Relationship	Nationality	Occupation	Present Address in Full

36. Are any relatives or family members employed by an agency or representative of a national or local government? If so, list name, relationship, agency and agency address. YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name	Relationship	Nationality	Occupation	Present Address in Full

37. Do you have any business interests (owner, part-owner, etc)? If so, list business names, type, your relationship and address.							
Business Name		Business Type		Your Relationship		Business Address	
38. Do you have any personal, business or professional contacts in the United States? if so, list name, business or occupation and address. YES <input type="checkbox"/> NO <input type="checkbox"/>							
Business Contact Name		Name of Business			Address of Business		
39. Travel (If you have traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the United States, supply additional data, including type of visa, place and date of issuance, date and port of arrival in the United States, places of residence in the United States and the date and port of departure from the United States.)							
Country		Dates		Purpose			
		From	To				
40. Memberships, societies, associations, clubs and other organizations of which you are now or have been a member, except religious or political affiliations.							
Name		Address		Type	From	To	Office held
41. Military service (Outline military service past or present, giving country of service, branch of service, unit or organization, specialty, highest rank held, dates of service, present rank, and date and type of discharge).							
Service Branch	From	To	Country of Service	Unit/Org	Specialty	Rank	Date and Type Discharge
42. Are you a member of any societies, clubs or other organization (except religious)? If so, list organization name, purpose and address.							
Organization Name		Purpose of the Organization			Organization Address		

43. WORK EXPERIENCE: Describe your paid and nonpaid work experience related to the job for which you are applying

A. Employer's name and address	Supervisor's name and phone number
Describe your duties and accomplishments	

B. Job title			
From (MM/YY)	To (MM/YY)	Monthly Salary	Hours per week
Employer's name and address		Supervisor's name and phone number	
Describe your duties and accomplishments			

C. Job title			
From (MM/YY)	To (MM/YY)	Monthly Salary	Hours per week
Employer's name and address		Supervisor's name and phone number	
Describe your duties and accomplishments			

44. May we contact your current supervisor?

YES ☐ NO ☐ → If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

45. Mark highest level completed. Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

46. Last high school (HS) or GED school. Give the school's name, city, country, and year diploma or GED received.

47. College and universities attended. Do not attach a copy of your transcript unless requested.					
1) Name		Total credits earned		Major(s)	Degree – year (if any) received
		Semester	Quarter		
City	Country				
2) Name		Total credits earned		Major(s)	Degree – year (if any) received
		Semester	Quarter		

City	Country				
3) Name		Total credits earned		Major(s)	Degree – year (if any) received
		Semester	Quarter		
City	Country				

JOB-RELATED TRAINING, SKILLS AND AWARDS

48. **TRAINING:** List job-related training courses attended/completed:

Name and location of school or training place	Month and year attended From To		Degree/ certificate achieved	Subject

49. **LANGUAGE SKILLS:** Identify the language and indicate extent of your competence for each (4 = Excellent; 3 = Good; 2 = Fair; 1 = Minimal; 0 = Not at all)

Language	Speak	Read	Write	Understand
English				
Arabic				

50. **COMPUTER SKILLS:** Which computer software programs (Microsoft Word, Microsoft Excel, Microsoft Outlook, etc.) have you used? Please list hereunder with degree of competence for each (4 = Excellent; 3 = Good; 2 = Fair; 1 = Minimal; 0 = Not at all)

Program	Degree	Program	Degree	Program	Degree

51. **SPECIAL QUALIFICATIONS, SKILLS, AWARDS & ACCOMPLISHMENTS:** List any special skills you possess; machine/equipment you can operate; and any honors, awards or fellowships you have received:

52. Do you have relatives employed at U.S. Embassy Baghdad or in Amman? YES ☐ NO ☐ If Yes, give names and relationship:

53. Have you ever been arrested or detained by any police or military authority? If so, name the authority, give time, place, reason and the disposition of court action.

54. **REFERENCES:** You **MUST list at least three** responsible persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and ability to perform job duties. (Do not name supervisors listed in item 34 above.) Failure to provide the contacts and a means to reach them will result in the disqualification of your application.

Full name of reference	Mailing address	Telephone no.	Occupation

55. Write "YES" or "NO" in the column to the right.
If you answer "YES" to any of these questions, provide additional information in the space provided below.

a. Do you have any physical limitations?	
b. Are you currently under a physician's care? If so, why?	
c. Have you ever been arrested or detained by any police or military authority?	
d. Do you have a drug or alcohol addiction?	
e. Do you have tuberculosis or other communicable diseases?	
f. Have you been involved in any act of sabotage, espionage, treason, terrorism, sedition, or other act against any person, group, or government?	
g. Have you associated or sympathized with persons who are attempting to commit, or who are committing, any of the above acts?	
h. Have you associated or sympathized with persons or organizations that advocate the overthrow of the United States Government, or any state or subdivision, by force or violence or by other unconstitutional means?	
i. Have you or any member of your family ever been associated with any group which participated (or will participate) in hostile action against the U.S. or its allies?	
j. Have you, or any of your family, friends, or associates ever been employed by or offered employment by an intelligence or security service?	
k. Have you ever been a member of the Iraqi military? If so, provide your Iraqi Service Number:	

SPACE FOR DETAILED ANSWERS

Use this space for detailed answers. Number your answers to correspond with questions. Add any information not already covered which might affect your employment. Use additional blank page, if necessary.

55. APPLICANT CERTIFICATION:

- a. I understand that any information I give may be investigated and that a false statement may be grounds for not hiring me or for dismissal if I am selected.
- b. I understand that, if I am provisionally selected, Embassy required security and full medical clearances are a prerequisite to continued employment.
- c. If I am selected, I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to Embassy authorized investigators and personnel staff.
- d. I certify that, to the best of my knowledge, all of my statements are true, complete and made in good faith.

signature

date

Add any information not covered above which might affect your employment. Use this page, if necessary, for detailed answers number answers to correspond with questions.